

** Every effort has been made to offer the most current, correct and clearly expressed County site information possible. The County and its authorized agents disclaim any responsibility for typographical errors and accuracy of the information provided in this bid on site locations, fire alarm system types and alarm device quantities.

Firm Name:

GROUP F	MIAMI-DADE PUBLIC WORKS AND WASTE MANAGEMENT	Fire Alarm Manufacture	Fire Alarm Model #	Monitoring Service YES/NO
<u>ITEM</u>	<u>SITE ADDRESS</u>			
1	West Transfer Station 2900 S.W. 72nd Avenue	Silent Knight	SK-5208	YES

SUB-TOTAL (Item 1 thru 1)
TOTAL GROUP F

*** The data provided is strictly for informational purposes ***
 Fire Alarm Monitoring, Runner Service, Repairs, and Inspection

MIAMI-DADE AVIATION DEPT		Fire Alarm Manufacture	Fire Alarm Model #	Monitoring Service YES/NO
GROUP F	SITE ADDRESS			
ITEM	West Transfer Station 2900 S.W. 72nd Avenue	Fire Lite	MS6210UD	YES
1				

Alarm Initiating Devices							
Manual Fire Alarm Boxes (Pull Stations)	Ion Detectors	Photo Detectors	Duct Detectors	Heat Detectors	Water Flow Switches	Supervisory Switches/Ta mpers	Other (Specify)
Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	
4	0	0	0	1	2	1	N/A

Alarm Notification Appliances					
Bells	Horns	Chimes	Strobes	Speaker/Stro bes	Speakers
Quantity	Quantity	Quantity	Quantity	Quantity	Quantity
0	0	0	0	1	2

Supervisory Signal-Initiating Devices										
Building Temp.	Site Water Temp.	Site Water Level	Fire Pump Power	Fire Pump Running	Fire Pump Auto Position	Fire Pump or Pump Controller Trouble	Generator in Auto Position	Generator or Controller Trouble	Switch Transfer	Generator Engine Running
Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity
0	1	1	1	1	1	1	1	1	1	1

Smoke Evacuation Panel
1

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Firm Name:

GROUP J	MIAMI-DADE DEPARTMENT OF CORRECTIONS	Fire Alarm Manufacture	Fire Alarm Model #	Monitoring Service YES/NO
ITEM	SITE ADDRESS			
1	Women's Detention Center 1401 NW 7 Ave., Miami	Fire-Life	MS-9600	NO
2	North Dade Detention Center 15801 State Rd 9, Miami	Kiddie	Kas-200	NO
3	Training and Treatment Center 6950 NW 41 St., Miami	Notifier	640	NO
4	Boot Camp 6950 NW 41 St., Miami	Simplex	2020	NO
5	Metro West 13859 N.W. 41st St., Miami	Notifier	3030	NO
6	TGK 7000 NW 41 St.	Notifier	3030	NO
7	Pretrial Detention Center (PTDC) 1321 N.W. 13th Street	Notifier	3030	NO
SUB-TOTAL (Item 1 thru 7)				
TOTAL GROUP J				

INSPECTION AND TESTING FORM

DATE: 10-29-2012TIME: AM/PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: HOME'S DETENTION CENTERAddress: 1401 N.W. 7 AVEOwner Contact: RAFAEL YASQUEZTelephone: 786 468 5370

MONITORING ENTITY

Contact: _____

Telephone: N/A

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: MD

Telephone: _____

TYPE TRANSMISSION

☐ McCulloh☐ Multiplex☐ Digital☐ Reverse Priority☐ RF☒ Other (Specify) LOCAL

SERVICE

☐ Weekly☐ Monthly☐ Quarterly☐ Semiannually☒ Annually☐ Other (Specify) _____Control Unit Manufacturer: FIRE LITECircuit Styles: 4 & 9Number of Circuits: 2Software Rev.: V.01.1.B-2Model No.: MS 9600

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>12</u>	<u>4</u>
<u>110</u>	<u>4</u>
<u>33</u>	<u>4</u>
<u>23</u>	<u>4</u>
<u>5</u>	<u>4</u>
<u>14</u>	<u>4</u>

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>401</u>	<u>4</u>
<u>3</u>	<u>4</u>
<u>5</u>	<u>A</u>

Bells
Horns - STROBE
Chimes
Strobes
Speakers
Other (Specify): REMOTE ANNUNCIATOR

No. of alarm notification appliance circuits: _____
Are circuits monitored for integrity? ☐ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>N/A</u>	

Building Temp.
Site Water Temp.
Site Water Level
Fire Pump Power
Fire Pump Running
Fire Pump Auto Position
Fire Pump or Pump Controller Trouble
Fire Pump Running
Generator In Auto Position
Generator or Controller Trouble
Switch Transfer
Generator Engine Running
Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 6
Overcurrent Protection: Type BREAKER Amps 20
Location (of Primary Supply Panelboard): _____
Disconnecting Means Location: _____

(b) Secondary (Standby): 2x12V DC Storage Battery: Amp-Hr. Rating 12 AH
Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system: _____
Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☒ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who
Loch

Time

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDs
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual

Functional

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>S/D</u>	<u>S/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>P/D</u>	<u>P/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>PULL</u>	<u>PULL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>D/D</u>	<u>D/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

(NFPA Inspection and Testing, 3 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT		Visual	Functional	Comments
Phone Set		<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks		<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator		<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)		<input type="checkbox"/>	<input type="checkbox"/>	
Time Generator(s)		<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal		<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	N/A	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT		Visual	Device Operation	Simulated Operation
(Specify)	ELEV. RECALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify)	A/Q SHUT DN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS				
(Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: SEE FIRE REPORT

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 10/29/12 Time: AM/PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: R. VIQUEIRA / J. DELSOL Date: 10/29/12 Time: AM/PM

Signature: [Signature]

Name of Owner or Representative: RAFAEL VASQUEZ

Date: 10/29/12 Time: AM/PM

Signature: [Signature]

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 03.12.2012

TIME: 9:00AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc

Address: 7487 S.W. 50th Terrace, Miami, FL 33155

Representative: Carlos Javech

License No.: EC-13001219

Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: NORTH DADE DETENTION CENTER

Address: 15801 STATE ROAD #9

Owner Contact: GILBERT FIGUEROA

Telephone: 786-393 0903

MONITORING ENTITY

Contact: _____

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
- ☐ Multiplex
- ☐ Digital
- ☐ Reverse Priority
- ☐ RF

☒ Other (Specify) LOCAL

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☒ Annually

☐ Other (Specify) _____

Control Unit Manufacturer: KIDDE

Circuit Styles: B AND T

Number of Circuits: 6

Software Rev.: _____

Last Date System Had Any Service Performed: 4-14-11

Last Date that Any Software or Configuration Was Revised: _____

Model No.: KAS-200

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>8</u>	<u>B</u>
<u>65</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>1</u>	<u>B</u>

Manual Fire Alarm Boxes

- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE	PRIOR TO ANY TESTING		Who	Time
	Yes	No		
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE	SYSTEM TESTS AND INSPECTIONS		Comments
	Visual	Functional	
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	

TYPE	SECONDARY POWER		Comments
	Visual	Functional	
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
	D11 ST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	HP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Comments							

(NFPA Inspection and Testing, 3 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>10</u>	<u>P</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 6
 Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 6 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Ampe 4.
 Overcurrent Protection: Type BREAKER Ampe 20
 Location (of Primary Supply Panelboard): OFFICE - ELEC ROOM
 Disconnecting Means Location: PANEL "A" CKT #10.

(b) Secondary (Standby):
2X12V Storage Battery: Amp-Hr. Rating 7
 Calculated capacity to operate system, in hours: ✓ 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments:

SEE FIRE REPORT

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	LOCAL	SYSTEM
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 03/12/12 Time: 9:00 A.

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: R. VIQUEIRA / J. DELSOL Date: 03/12/12 Time: AM

Signature: [Signature]

Name of Owner or Representative: [Signature]

Date: 03/12/2012 Time: AM

Signature: [Signature]

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 11-15-2012TIME: AM/PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: T.T.C. STOKADEAddress: 6950 N.W. 41 STREETOwner Contact: RAFAEL VAZQUEZTelephone: 786-263-6417

MONITORING ENTITY

Contact: _____

Telephone: N/A

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: M.D.F.D.

Telephone: _____

TYPE TRANSMISSION

☐ McCulloh☐ Multiplex☐ Digital☐ Reverse Priority☐ RF☒ Other (Specify) OFFICER 24H.

SERVICE

☐ Weekly☐ Monthly☐ Quarterly☐ Semiannually☒ Annually☐ Other (Specify) _____Control Unit Manufacturer: NOTIFIERCircuit Styles: 4 & 7Number of Circuits: 2

Software Rev.: _____

Last Date System Had Any Service Performed: 12-1-2011

Last Date that Any Software or Configuration Was Revised: _____

Model No.: NFS - 640

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>33</u>	<u>4</u>
<u>266</u>	<u>4</u>
<u>61</u>	<u>4</u>
<u>3</u>	

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): POWER BOOSTER
NEXT TO FACP.Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify):
<u>59</u>	<u>4</u>	<u>HORN STROBES</u>
<u>50</u>	<u>4</u>	

No. of alarm notification appliance circuits: 11 of 12

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other:

N/A

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 12 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 2.5
 Overcurrent Protection: Type BREAKER Amps 20
 Location of Primary Supply Panelboard: AC PANEL LOCATE AT LUNCH ROOM
 Disconnecting Means Location: CKT #2

(b) Secondary (Standby): 2x12V Storage Battery: Amp-Hr. Rating 33
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
- ☒ Legally required standby described in NFPA 70, Article 701
- ☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
LOCAL	AM/PM
OFFICER	AM/PM
ROFDEL	AM/PM
INMATE	AM/PM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDs
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(2.011)

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☐

☐

☐

☒

☒

☐

☐

☐

☐

☐

☒

☒

☐

☐

OK
OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
226	S/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
61	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
33	P/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

SKE FIRE Alarm Report AHJ

(NFPA Inspection and Testing, 3 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
AL SHUT DOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: SEE FIRE REPORT

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	LOCAL	
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	SYST.	
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RAFAEL	AM/PM
Monitoring Agency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOCAL	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 11/15/12 Time: AM/PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: R. VIQUEIRA / J. DELSOL Date: 11/15/12 Time: AM/PM

Signature: [Signature]

Name of Owner or Representative: RAFAEL VASQUEZ

Date: 11/15/2012 Time: AM/PM

Signature: [Signature]

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 11-13-2012

TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
Address: 7487 S.W. 50th Terrace, Miami, FL 33155
Representative: Carlos Javech
License No.: EC - 13001219
Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: BOOT CAMP LLC.
Address: 6950 N.W. 41ST.
Owner Contact: RAFAEL VASQUEZ.
Telephone: 786-468-5370

MONITORING ENTITY

Contact: N/A
Telephone: _____
Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: M.D.F.D.
Telephone: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☐ Digital
☐ Reverse Priority
☐ RF
☒ Other (Specify) LOCAL SYSTEM.

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: SIMPLEX

Circuit Styles: B & Y

Number of Circuits: 7

Software Rev.: _____

Last Date System Had Any Service Performed: 10-16-11

Last Date that Any Software or Configuration Was Revised: _____

Model No.: 2001-2023

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>14</u>	<u>B</u>
<u>54</u>	<u>B</u>
<u>5</u>	<u>B</u>

Manual Fire Alarm Boxes

☐ Ion Detectors
☐ Photo Detectors
☐ Duct Detectors
☐ Heat Detectors
☐ Waterflow Switches
☐ Supervisory Switches
Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): <u>HORN STROBE</u>

No. of alarm notification appliance circuits: 1 OF 1
 Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity: 1 Style(s): 1

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 4
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): _____
 Disconnecting Means Location: _____

(b) Secondary (Standby): 2x12V DC Storage Battery: Amp-Hr. Rating 7 AH
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

☒ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who
LOCA

Time

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>14</u>	<u>P/S</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>54</u>	<u>S/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<u>H/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

SEE FIRE REPORT

(NFPA Inspection and Testing, 3 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A

SPECIAL HAZARD SYSTEMS

(Specify)			
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A

Special Procedures:

Comments:

SEE FIRE REPORT

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

System restored to normal operation: Date: 11-13-12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: R. VIQUEIRA / J. DELSOL Date: 11-13-2012 Time: AM

Signature: [Signature]

Name of Owner or Representative: RAFAEL / LIBOR

Date: 11-13-2012 Time: AM

Signature: [Signature]

(NFPA Inspection and Testing, 4 of 4)

INSPECTION AND TESTING FORM

DATE: 12/20/12
TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
Address: 7487 S.W. 50th Terrace, Miami, FL 33155
Representative: Carlos Javech
License No.: EC - 13001219
Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Metro West
Address: 13850 NW 41st
Owner Contact: GILBERTO FIGUEROA
Telephone: _____

MONITORING ENTITY

Contact: _____
Telephone: _____
Monitoring Account Ref. No.: N/A

APPROVING AGENCY

Contact: _____
Telephone: N/A

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☐ Digital
☐ Reverse Priority
☐ RF
☒ Other (Specify) 24 HR OFFICER.

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: NOTIFIER
Circuit Styles: 4 & 4
Number of Circuits: 8
Software Rev.: _____

Model No.: _____

Last Date System Had Any Service Performed: _____
Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>101</u>	<u>4</u>
<u>459</u>	<u>4</u>
<u>76</u>	<u>4</u>
<u>45</u>	<u>4</u>
<u>72</u>	<u>4</u>

Manual Fire Alarm Boxes

Ion Detectors
Photo Detectors
Duct Detectors
Heat Detectors
Waterflow Switches
Supervisory Switches
Other (Specify): BEAM DETECTOR
IN 105 UNIT

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>307</u>	<u>Y</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
<u>273</u>	<u>Y</u>	Other (Specify): <u>HORN STROBE</u>

No. of alarm notification appliance circuits: _____
 Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
<u>1</u>	<u>4</u>	Fire Pump Power
<u>1</u>	<u>4</u>	Fire Pump Running
<u>1</u>	<u>4</u>	Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
<u>1</u>	<u>4</u>	Generator In Auto Position
<u>1</u>	<u>4</u>	Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 4 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 20
 Overcurrent Protection: Type BREKROD Amps 20
 Location (of Primary Supply Panelboard): CENTRAL CONTROL PANEL 3
 Disconnecting Means Location: OFF #1

(b) Secondary (Standby): 2X12VDC Storage Battery: Amp-Hr/Rating 56 AH
 Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE	PRIOR TO ANY TESTING		Who	Time
	Yes	No		
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	<u>Central Control</u>	<u>AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE	SYSTEM TESTS AND INSPECTIONS		Comments
	Visual	Functional	
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

TYPE	SECONDARY POWER		Comments
	Visual	Functional	
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
TRANSIENT SUPPRESSORS			<u>OK</u>
REMOTE ANNUNCIATORS			
NOTIFICATION APPLIANCES			<u>OK</u>
Audible			
Visible			
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>459</u>	<u>S/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>45</u>	<u>HID</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>70</u>	<u>D/P</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>101</u>	<u>P/L</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>72</u>	<u>BEAM D.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>19</u>	<u>POWER SUPPLY</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: SEE FIRE Alarm Report AM

(NFPA Inspection and Testing, 3 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>ELEV. RECALL</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>AL. SHUT DOWN</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	Simulated Operation
<i>DOOR HOLDERS</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>	
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Central control</i>	<i>7M</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: *See Fire Alarm Report*

System restored to normal operation: Date: *12/20/12* Time: *PM*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: *JOSEPH A. VIGUEN* Date: *12/20/12* Time: *PM*
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12/6/12
TIME: 8:00 AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
Address: 7487 S.W. 50th Terrace, Miami, FL 33155
Representative: Carlos Javech
License No.: EC - 13001219
Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: T.G.K. CORRECTIONS
Address: 7000 NW. 41ST
Owner Contact: _____
Telephone: _____

MONITORING ENTITY

Contact: N/A
Telephone: N/A
Monitoring Account Ref. No.: N/A

APPROVING AGENCY

Contact: _____
Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☐ Digital
☐ Reverse Priority
☐ RF
☒ Other (Specify) OFFICER 24 HOURS

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: NOTIFIER
Circuit Styles: 9 & 4
Number of Circuits: 13
Software Rev.: _____

Model No.: NFS - 3030

Last Date System Had Any Service Performed: _____
Last Date that Any Software or Configuration Was Revised: 11/15/12

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>87</u>	<u>4</u>
<u>381</u>	<u>4</u>
<u>1375</u>	<u>4</u>
<u>60</u>	<u>4</u>
<u>63</u>	<u>4</u>
<u>69</u>	<u>4</u>
<u>81</u>	<u>4</u>

Manual Fire Alarm Boxes

Ion Detectors _____
Photo Detectors _____
Duct Detectors _____
Heat Detectors _____
Waterflow Switches _____
Supervisory Switches _____
Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
117	Y	Bells
239	Y	Horns
200	Y	Chimes
		Strobes
		Speakers
		Other (Specify): <u>SPEAKER / STROBE</u>

No. of alarm notification appliance circuits: 23
 Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
1	4	Building Temp.
1	4	Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: <u>FIRE PUMP FAIL</u>

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity 12 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage DECREASER 120V Amps 30
 Overcurrent Protection: Type DECREASER Amps 20
 Location (of Primary Supply Panelboard): PANEL ELIA
 Disconnecting Means Location: OUT # 7, 9, 24

(b) Secondary (Standby):
2X12VDC Storage Battery: Amp-Hr. Rating West 26AH - EAST 100AH
 Calculated capacity to operate system, in hours: 24 60
 Location of fuel storage: _____ Engine-driven generator dedicated to fire alarm system: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

DATE

Time

Central control
6/11/2013

NY
AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDs
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

☒
☒
☒
☒
☒
☒
☒
☒

☒
☒
☒
☒
☒
☒
☒
☒

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

☒

☒
☒
☒
☒
☒

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible

Visible

Speakers

Voice Clarity

☐
☒

☒

Central Control

☐
☒
☒

☐
☒
☒

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>87</i>	<i>D/S</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>1756</i>	<i>SP</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>60</i>	<i>AD</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>62</i>	<i>HD</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>69</i>	<i>W/P</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>81</i>	<i>Supervisory</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments

SEE FIRE ALARM REPORT. AHS

(NFPA Inspection and Testing, 3 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>ELEV. SHUT DOWN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>AC. SHUT DOWN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	Simulated Operation
<u>SMOKE EVAC. SUP</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SEE FIRE ALARM REPORT.

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>LOCAL SYSTEM</u>	
Alarm Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>GILBERT</u>	<u>3:30PM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CENTRAL CONTROL</u>	<u>3:30PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 12/6/12 Time: 3:30PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: JOANNEY & J. V. V. V. V. Date: 12/6/12 Time: 3:30PM

Signature: _____

Name of Owner or Representative: _____

Date: _____

Time: _____

Signature: [Signature]

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12-04-08
TIME: PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
Address: 7487 S.W. 50th Terrace, Miami, FL 33155
Representative: Carlos Javech
License No.: EC - 13001219
Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: PRE-TRIAL DET. CENTER
Address: 1321 NW 13th St
Owner Contact: GILBERTO FIGUEROA
Telephone: 786 263 6477

MONITORING ENTITY

Contact: _____
Telephone: _____
Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☐ Digital
☐ Reverse Priority
☐ RF
☒ Other (Specify) LOCAL

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: KIDDE 2000

Circuit Styles: Y

Number of Circuits: 1

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

Model No.: SYST. K-2000

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>43</u>	<u>Y</u>
<u>648</u>	<u>Y</u>
<u>20</u>	<u>Y</u>
<u>10</u>	<u>Y</u>
<u>20</u>	<u>Y</u>
<u>20</u>	<u>Y</u>

Manual Fire Alarm Boxes
Ion Detectors
Photo Detectors
Duct Detectors
Heat Detectors
Waterflow Switches
Supervisory Switches
Other (Specify): _____

Alarm verification feature is disabled _____ enabled ✓

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>150</u>	<u>Y</u>	Bells
		Horns <u>STROBES</u>
		Chimes
<u>75</u>	<u>Y</u>	Strobes
		Speakers
		Other (Specify):

No. of alarm notification appliance circuits: ✓

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 10 OF 10 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 10
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECT. ROOM OUT-SIDE CRT.
 Disconnecting Means Location:

(b) Secondary (Standby): 2XEN 40AH Storage Battery: Amp-Hr. Rating
 Calculated capacity to operate system, in hours: 24 60

Location of fuel storage: Engine-driven generator dedicated to fire alarm system:

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify):

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
✓ Emergency system described in NFPA 70, Article 700
✓ Legally required standby described in NFPA 70, Article 701
✓ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who

Time

GILBERT

ALL

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

☒
☒
☒
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☒
☒
☒

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

☒

☒

☒

☒

☐

☐

☐

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☐

☐

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☒

☒

☒

☒

☒

☒

☒

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☐

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>STAIRS</u>	<u>P/S</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>OPEN AREAS</u>	<u>S/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments

SEE REPORT A-H-J.

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	<u>F.F.A.</u>	<u>PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: SEE THE REPORT. F.H.J.

System restored to normal operation: Date: 12-4-08 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: LEON M. ONEILL Date: 12-4-08 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 12-4-08 Time: PM

Signature: _____

(NFPA Inspection and Testing 4 of 4)

** Every effort has been made to offer the most current, correct and clearly expressed County site information possible. The County and its authorized agents disclaim any responsibility for typographical errors and accuracy of the information provided in this bid on site locations, fire alarm system types and alarm device quantities.

Firm Name: _____

GROUP I	MIAMI-DADE TRANSIT DEPARTMENT	Fire Alarm Manufacture	Fire Alarm Model #	Monitoring Service YES/NO
<u>ITEM</u>	<u>SITE ADDRESS</u>			
	MIC-EHT			
1	Airport Link (Station Panel) 3800 N.W. 25th Street	Simplex Programmable	4100U	YES
2	Airport Link (TPS Panel) 2455 N.W. 38th Lane	Simplex Programmable	4100U	YES
3	Airport Link (ITPS 1) 3855 N.W. 35th Avenue	Simplex Programmable	4100U	YES
4	Airport Link (ITPS 2) 2450 N.W. 41st Street	Simplex Programmable	4100U	YES
	RAIL			
5	Allapattah 3501 N.W. 12th Avenue	Kidde	KRD 1000	NO
6	Brickell 785 S.W. 1st Avenue	Kidde	KRD 1000	NO
7	Brownsville 5200 N.W. 27th Avenue	Kidde	KRD 1000	NO
8	Civic Center 1501 N.W. 12th Avenue	Kidde	KRD 1000	NO
9	Coconut Grove 2880 S.W. 28th Lane	Kidde	KRD 1000	NO
10	Culmer & Gap Tie Room 711 N.W. 11th Street	Kidde	KRD 1000	NO
11	Dadeland North Including Parking Garage 8310 South Dixie Hwy	Kidde Simplex Programmable	4100U	YES

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12	Dadeland South 9090 South Dixie Hwy	Kidde	KRD 1000	NO
13	Douglas Road 111 Ruiz Avenue	Kidde	KRD 1000	NO
14	Douglas Road Overpass East 111 Ruiz Avenue	Silent Knight	5207	NO
15	Douglas Road Overpass West 111 Ruiz Avenue	Silent Knight	5207	NO
16 (A)	Earlington Heights 2100 NW. 41st Street	Kiddie	KRD 1000	NO
(B)	Earlington Heights 2100 NW. 41st Street	Simplex	2001	NO
17	Gap Tie (I-95) S. Miami Avenue/S.W. 19 Road	Simplex Programmable	4002	NO
18	Government Center 138 N.W. 3rd Street	Edwards Kiddie	KRD 1000	NO
19	Hialeah 115 East 21st Street	Kidde	KRD 1000	NO
20	Martin Luther King Parking 6206 N.W. 27th Avenue	Edwards	KRD 1000	NO
21	Northside 3150 N.W. 79th Street	Simplex Programmable	KRD 1000	NO
22	Okeechobee & Gap Tie Room 2005 W. Okeechobee Road	Kidde	KRD 1000	NO
23	Okeechobee Parking Garage 2006 W. Okeechobee Road	Firelite Programmable	MS-9050-UD	NO
24	Overtown 550 N.W. 1st Avenue	Kidde	KRD 1000	NO
25	Palmetto Station 7701 NW. 79th Avenue	Simplex Programmable	4100U	NO

** Every effort has been made to offer the most current, correct and clearly expressed County site information possible. The County and its authorized agents disclaim any responsibility for typographical errors and accuracy of the information provided in this bid on site locations, fire alarm system types and alarm device quantities.

26 (A)	Lehman Center Yard Warehouse	Simplex Programmable	4100U	NO
(B)	Lehman Center Yard New Warehouse	Simplex Programmable	4010	NO
(C)	Lehman Center Yard Track & Wideway Offices	Simplex Programmable	4010	NO
27 (A)	South Miami 5801 South Dixie Hwy	Kidde	KRD 1000	NO
(B)	Parking Garage 5801 South Dixie Hwy	Firelite Programmable	MS-9050-UD	NO
28	Stephen P Clark Center 111 N.W 1st Street 4th Floor	Simplex Programmable	4100U	NO
29	Stephen P Clark Center 111 N.W 1st Street 5th Floor	Simplex Programmable	TrueSite	NO
30	Tri-Rail 1125 East 25th Street	Edwards	E-FSA64	NO
31	University 5400 Ponce de Leon	Kidde	KRD1000	NO
32	Vizcaya 3205 S.W. 1st Avenue	Kidde	KRD1000	NO
33	METROMOVER Arena/State Plaza 90 N.W. 5th Street	Gamewell	Zans200	NO
34	Bayfront Park 150 Biscayne Blvd	Gamewell	Zans200	NO
35	Bicentennial Park 1191 Biscayne Blvd.	Firelite Programmable	MS-9050-UD	YES

** Every effort has been made to offer the most current, correct and clearly expressed County site information possible. The County and its authorized agents disclaim any responsibility for typographical errors and accuracy of the information provided in this bid on site locations, fire alarm system types and alarm device quantities.

36	Brickell 1200 S.W. 1st Avenue	Simplex Programmable	4002	NO
37	College/Bayside 225 N.E. 3rd Street	Gamewell	Zans200	NO
38	College North 100 East 5th Street	Gamewell	Zans200	NO
39	Dupont Plaza (sub station) 151 S.E. 3rd Street	Gamewell	Zans200	NO
40	Eight Street 59 S.E. 8th Street	Simplex Programmable	4002	NO
41	Eleventh Street 1098 N.E. 2nd Avenue	Simplex Programmable	4002	NO
42	Fifth Street 35 S.E. 5th Street	Simplex Programmable	4002	NO
43	Financial District 50 S.E. 14th Street	Simplex Programmable	4002	NO
44	First Street 225 N.E. 1st Street	Faraday	7800	NO
45	Freedom Tower 600 N.E. 2nd Avenue	Simplex Programmable	4002	NO
46	Knight Center 100 S.E. 2nd Street	Faraday	7800	NO
47	Maintenance Building (DPM) 100 S.W. 1st Avenue	Gamewell	Zans200	NO
48	Miami Avenue 90 S. Miami Avenue	Simplex Programmable	4002	NO

** Every effort has been made to offer the most current, correct and clearly expressed County site information possible. The County and its authorized agents disclaim any responsibility for typographical errors and accuracy of the information provided in this bid on site locations, fire alarm system types and alarm device quantities.

49	Omni & Driver's Room 1455 Biscayne Blvd.	Simplex Programmable	4002	NO
50	Park West 800 NE. 2nd Avenue	Simplex Programmable	4002	NO
51	Riverwalk 88 S.E. 4th Street	Simplex Programmable	4002	NO
52	School Board 50 NE. 15th Street	Simplex Programmable	4002	NO
53	Tenth Street 1011 S.E. 1st Avenue	Simplex Programmable	4002	NO
54	Third Street (Fort Dallas) 250 S. Miami Avenue	Gamewell	Zans200	NO
55	METROBUS Central Major Overhaul 3300 N.W. 32nd Ave (1)	Simplex Programmable	4010	NO
56	Central Bus Maintenance Admin 3300 N.W. 32nd Ave (2)	Simplex Programmable	4010	NO
57	Central Facilities Stockroom 3300 N.W. 32nd Ave (3)	Simplex Programmable	4010	NO
58	Central Fiber (Body Shop) 3300 N.W. 32nd Ave (4)	Simplex Programmable	4010	NO
59	Central Parts Warehouse 3300 N.W. 32nd Ave (5)	Simplex Programmable	4010	NO
60	Central O&I Maintenance 3300 N.W. 32nd Ave (6)	Simplex Programmable	4010	NO
61	Central Fuel Island 3300 N.W. 32nd Ave (7)	Simplex Programmable	4010	NO

** Every effort has been made to offer the most current, correct and clearly expressed County site information possible. The County and its authorized agents disclaim any responsibility for typographical errors and accuracy of the information provided in this bid on site locations, fire alarm system types and alarm device quantities.

62	Central Transportation Building 3300 N.W. 32nd Ave (8)	Simplex Programmable	4100U	NO
63	Central Administration Building 3300 N.W. 32nd Ave (9)	Simplex Programmable	4100U	NO
64	Coral Way O&I Maintenance Bldg (1) 2775 S.W. 74th Ave	Simplex Programmable	4010	NO
65	Coral Way Transportation Bldg (2) 2775 S.W. 74th Ave	Simplex Programmable	4100U	NO
66	Coral Way Fuel Island (3) 2775 S.W. 74th Ave	Simplex Programmable	4010	NO
67	Northeast O&I Maintenance Bldg (1) 360 N.E. 185th Street	Simplex Programmable	4010	NO
68	Northeast Transportation Bldg (2) 360 N.E. 185th Street	Simplex Programmable	4100U	NO
69	Northeast Fuel Island (3) 360 N.E. 185th Street	Simplex Programmable	4010	NO

SUB-TOTAL (Item 1 thru 69)
TOTAL GROUP I

SCHEDULED-72
COMPLETED-69
MISSING- 3

EAMIS ANNUAL FIRE CERTIFICATION
DECEMBER 2012

Work Order	Equipment	Location	Description	PM Code	Status	Sched. Start Date	Date Completed	Invoice Amount
2251668	ALP-FACP	ALP STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/28/12	165.07
2252370	BIC-FACP		Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/27/12	165.07
2190254	BKL-FACP	BKL STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/27/12	165.07
2252369	BPK-FACP	BPK STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/08/13	165.07
2252368	BRK-FACP	BKL STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/10/13	165.07
2190159	BVL-FACP	BVL STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/02/13	165.07
2345831	CE-FACP-1	CE-CAB	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/15/13	165.07
2253993	CE-FACP-2	CE-TRANS	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/16/13	165.07
2253994	CE-FACP-3	CE-FUELS	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/10/13	165.07
2253995	CE-FACP-4	CE-OI	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/14/13	165.07
2253991	CE-FACP-5	CE-MAINWAREHOUSE	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/15/13	165.07
2253989	CE-FACP-6	CE-SUBWAREHOUSE	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/15/13	165.07
2253997	CE-FACP-7	CE-MAINTADMIN	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/16/13	165.07
2254004	CE-FACP-8	CE-FACMAINT	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/13/13	165.07
2254034	CE-FACP-9	CE-SS	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/11/13	165.07
2190344	CGV-FACP	CGV STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/26/12	165.07
2254141	CLN-FACP	CLN STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/07/13	165.07
2254143	COL-FACP	COL STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/07/13	165.07
2185761	CUL-FACP	CUL STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/28/12	165.07
2190342	CVC-FACP	CVC STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/28/12	165.07
2345883	CW-FACP-1	CW-OI	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/11/13	165.07
2345833	CW-FACP-2	CW	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/11/13	165.07
2265082	CW-FACP-3	CW	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/11/13	165.07
2190360	DLN-FACP	DLN STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/20/12	165.07
2190361	DLNG-FACP	DLN STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/20/12	165.07
2190362	DLS-FACP	DLS STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/20/12	165.07
2265086	DPM-FACP		Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/09/13	165.07
2265125	DPZ-FACP		Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/10/13	165.07
2223073	DRD-FACP	DRD STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/21/12	165.07
2265143	DRD-FACP1	DRD STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/26/12	165.07
2265145	DRD-FACP2	DRD STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/26/12	165.07
2265146	EHS-FACP	EHS STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/09/13	165.07
2479270	EHT/Pg-FACP	EHT STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	08/13/12	165.07
2190363	EHT-FACP	EHT STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/02/13	165.07
2265209	EST-FACP		Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/07/13	165.07
2265215	FIN-FACP	FIN STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/10/13	165.07

SCHEDULED - 72
COMPLETED - 69
MISSING - 3

EAMS ANNUAL FIRE CERTIFICATION
DECEMBER 2012

Work Order	Equipment	Location	Description	PM Code	Status	Sched. Start Date	Date Completed	Invoice Amount
2265217	FRT-FACP	FRT STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/07/13	165.07
2265218	FST-FACP	FST STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/08/13	165.07
2265219	FTH-FACP	FTH STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/09/13	165.07
2265220	GAP(195)-FACP		Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/21/12	165.07
2190364	GVT-FACP	GVT STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/27/12	165.07
2163399	GVT-FACP2	GVT STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/27/12	165.07
2222183	GVT-FACP3	GVT STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/27/12	165.07
2190160	HIA-FACP	HIA STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/03/13	165.07
2265222	KNT-FACP	KNT STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/10/13	165.07
2265223	MIA-FACP	MIA STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/08/13	165.07
2265224	MLK-FACP	MLK STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/02/13	165.07
2265225	MLK-FACPG	MLK STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/03/13	165.07
2265226	NE-FACP-1	NE-OI	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/17/13	165.07
2265227	NE-FACP-2	NE	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/17/13	165.07
2265228	NE-FACP-3	NE	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/17/13	165.07
2265229	NSD-FACP	NSD STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/03/13	165.07
2265232	OKE/PG-FACP	OKE STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/04/13	165.07
2265231	OKE-FACP	OKE STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/03/13	165.07
2265233	OMN-FACP	OMN STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/04/13	165.07
2190379	OVT-FACP	OVT STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/27/12	165.07
2265239	PAL-FACP	PAL STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/04/13	165.07
2265240	PKW-FACP	PKW STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/07/13	165.07
2265241	PYD-FACP		Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/26/13	550.24
2265274	PYD-FACP2		Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/18/13	
2265952	PYD-FACP3		Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/18/13	
2190365	RVW-FACP	RVW STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/09/13	165.07
2304006	SCB-FACP	SCB STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/04/13	165.07
2190393	SCL-FACP	SCL STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/28/12	165.07
2266065	SML-FACP	SML STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/24/12	165.07
2196680	SML-PG FACP	SML STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/24/12	165.07
2266069	SPS-FACP	SPS STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/08/13	165.07
2266071	THR-FACP	THR STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/08/13	165.07
2266072	TNS-FACP	TNS STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	01/09/13	165.07
2190394	TRF-FACP	TRF STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/21/12	165.07
2266073	UNV-FACP	UNV STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/21/12	165.07
2190396	VIZ-FACP	VIZ STA	Fire Panel Vendor Certification - Annual	FIREPM4	Released	12/30/2012	12/26/12	165.07

72

69

\$11,279.79

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12/28/12
TIME: PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
Address: 7487 S.W. 50th Terrace, Miami, FL 33155
Representative: Carlos Javech
License No.: EC - 13001219
Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Ala Patah Rail Station
Address: 3501 NW 12th Ave
Owner Contact: Sergio
Telephone: _____

MONITORING ENTITY

Contact: MD Transit Central Control
Telephone: _____
Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
Telephone: _____

TYPE TRANSMISSION

- ☐
- McCulloh
-
- ☐
- Multiplex
-
- ☒
- Digital
-
- ☐
- Reverse Priority
-
- ☐
- RF
-
- ☐
- Other (Specify) _____

SERVICE

- ☐
- Weekly
-
- ☐
- Monthly
-
- ☐
- Quarterly
-
- ☐
- Semiannually
-
- ☒
- Annually
-
- ☐
- Other (Specify) _____

Control Unit Manufacturer: KIDDE
Circuit Styles: B & Y
Number of Circuits: 40
Software Rev.: _____Model No.: KD12-1000Last Date System Had Any Service Performed: 12/28/11
Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>25</u>	<u>B</u>
<u>2</u>	<u>3</u>
<u>2</u>	<u>9</u>

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled ☐

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 1
 Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL 44
 Disconnecting Means Location: CKT # 11 and 13

(b) Secondary (Standby): 2 x 12 VDC Storage Battery: Amp-Hr. Rating 7.0

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
- ☒ Legally required standby described in NFPA 70, Article 701
- ☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
MDT	PM
Advisory	PM
Sergio	04

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

V = 28.9 volts

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
25	SDS Leaf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Det + Det	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Hea / Det	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>A/C Shut down</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Ever. recall & search</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Interlock</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) <u>SPARKLE system</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>Alarm system</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SGR TO</u>	<u>PM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MDI</u>	<u>PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ADISON</u>	<u>PM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 12/28/12 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JENIBUETA MA. ONERO Date: 12/28/12 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 12/28/12 Time: PM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # 2190254		Target Date	Serial Num
Asset: BKL-FACP	Fire Alarm Control Panel at Bricikell Metrorail Station	12/30/12	
Parent: BKL		Status:	R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location: BKL STA			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12/27/2012TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: BRICKELL RAIL stationAddress: 785 SW 1st AVE MIAMIOwner Contact: Sergio

Telephone: _____

MONITORING ENTITY

Contact: M.D.T

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☐ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: KIDDECircuit Styles: BFYNumber of Circuits: 45

Software Rev.: _____

Last Date System Had Any Service Performed: 12/22/11

Last Date that Any Software or Configuration Was Revised: _____

Model No.: KDR - 1000

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>25</u>	<u>13</u>
<u>2</u>	<u>13</u>
<u>2</u>	<u>13</u>
<u>3</u>	<u>13</u>
<u>5</u>	<u>13</u>

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled ☐

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>2</u>	<u>4</u>	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
<u>1</u>	<u>4</u>	Fire Pump Power
<u>1</u>	<u>4</u>	Fire Pump Running
<u>1</u>	<u>4</u>	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V AC Amps 4.0

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL LL-1

Disconnecting Means Location: CLT #1

(b) Secondary (Standby): 24-12VDC Storage Battery: Amp-Hr. Rating 7.0

Calculated capacity to operate system, in hours: (24) 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- ☒ Emergency system described in NFPA 70, Article 700
- ☒ Legally required standby described in NFPA 70, Article 701
- ☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
MDT	3M
Advisory	AM
Seagial	AM

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		V-26.1 volts
Load Voltage		<input checked="" type="checkbox"/>	Dated 2010
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	OK
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input type="checkbox"/>	<input type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	OK
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
2	Det Det	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	SMOKE DET	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Heat Det	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) <i>A/C shut down</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) <i> Elev. recall & escalator</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) <i>FAN interlock</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) <i>Halon system</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <i>SPRINKLER</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <i>Dampers</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>SENAIO</i>	<i>AM</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>MDT</i>	<i>AM</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ADVISORY</i>	<i>AM</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

All system normal

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *SENAIO / ADVISORY* Date: *12/27/12* Time: *AM*

Signature: _____

Name of Owner or Representative: _____

Date: *12/27/12*

Time: *AM*

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

Work Order # <u>2252369</u>		Target Date	Serial Num
Asset: BPK-FACP	Fire Alarm Control Panel at Bayfront Park	12/30/12	
Parent: BPK		Status:	R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location: BPK STA			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: _____
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: GAMEWELL
 Circuit Styles: B & Y
 Number of Circuits: 6 of 8
 Software Rev.: _____

Last Date System Had Any Service Performed: 01-09-2013
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 01-08-13
 TIME: AM

PROPERTY NAME (USER)

Name: Metra Mover Bay Front Station
 Address: 110 Biscayne BL
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: ZANS 200

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>B</u>
<u>7</u>	<u>B</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Manual Fire Alarm Boxes
 Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled ☐

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>Y</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL EL
 Disconnecting Means Location: CKT # 5 AND 7

(b) Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 7.0

Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☐ Sealed Lead-Acid
- ☒ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency of standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
MDT	AM
ADVISED	AM
CONCERN	AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Dated 2009
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
1	Pull-Station	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	SDetector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

U/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>ELEV. RISA //</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>FAN SHUT DOWN</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures:

ELEV. RISA WORKING CORRECTLY

Comments:

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>SONG ID</i>	<i>AM</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>MTT</i>	<i>AM</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>BLUESKY</i>	<i>AM</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

ALL SYSTEM NORMAL

System restored to normal operation: Date: *1/8/2013* Time: *AM*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *JULIUSIA / 04510* Date: *1/8/2013* Time: *AM*

Signature:

Name of Owner or Representative:

Date: *1/8/2013* Time: *AM*

Signature:

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order #	2252368	Target Date	12/30/12
Asset:	BRK-FACP	Fire Alarm Control Panel at Brickell Mover Station	Status: R
Parent:	BRK		
PM:	FIREPM4		
PM Description:	Fire Panel Vendor Certification - Annual / MRC: 350		
Location:	BKL STA		
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: MDTRANSIT
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: B & Y
 Number of Circuits: 5 of 8
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 01-10-2013
 TIME: A.M

PROPERTY NAME (USER)

Name: Metromover BRICKEL STATION
 Address: 1200 SW 1ST AV MIAMI
 Owner Contact: SERGIO
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 4002

1-6-2012

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>4</u>	<u>B</u>
<u>7</u>	<u>B</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Manual Fire Alarm Boxes
 Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled V enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
1	Y
1	Y

Bells
Horns
Chimes
Strobes
Speakers
Other (Specify): HORN-STROBE

No. of alarm notification appliance circuits: _____
Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
N/A	

Building Temp.
Site Water Temp.
Site Water Level
Fire Pump Power
Fire Pump Running
Fire Pump Auto Position
Fire Pump or Pump Controller Trouble
Fire Pump Running
Generator In Auto Position
Generator or Controller Trouble
Switch Transfer
Generator Engine Running
Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4.0
Overcurrent Protection: Type BREAKER Amps 20
Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL EL
Disconnecting Means Location: CKT #9

(b) Secondary (Standby): 2X12 VDC Storage Battery: Amp-Hr. Rating 7.0
Calculated capacity to operate system, in hours: 24 60
Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency system described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who
HDT
ADVISORY
SENGIO

Time
AM
AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

☒
☒
☒
☒
☒
☒
☒
☒

☒
☒
☒
☒
☒
☒
☒
☒

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

☒

☒
☒
☒
☒

Comments

BATTERIES NEED
TO BE REPLACED.

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☐
☐

☐

☒
☒
☐

☒
☒
☐

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>Rel/stn hms</u>	<u>Stakeat</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

Phone Set
Phone Jacks
Off-Hook Indicator
Amplifier(s)
Tone Generator(s)
Call-in Signal
System Performance

Visual

Functional

Comments

☐
☐
☐
☐
☐
☐
☐

☐
☐
☐
☐
☐
☐
☐

N/A

INTERFACE EQUIPMENT

(Specify) Elev Recall
(Specify) Escalator
(Specify) _____

Visual

Device
Operation

Simulated
Operation

☒
☒
☐

☒
☒
☐

☐
☐
☐

SPECIAL HAZARD SYSTEMS

(Specify) _____
(Specify) _____
(Specify) _____

☐
☐
☐

☐
☐
☐

☐
☐
☐

Special Procedures:

ELEVATOR, RECALL WORKING PROPERLY

Comments:

SUPERVISING STATION MONITORING

Alarm Signal
Alarm Restoration
Trouble Signal
Supervisory Signal
Supervisory Restoration

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Time

AM
AM
AM
AM

Comments

OK

NOTIFICATIONS THAT TESTING IS COMPLETE

Building Management
Monitoring Agency
Building Occupants
Other (Specify)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who

SERGEANT
MDT
ADVISORY

Time

AM
AM
AM

The following did not operate correctly:

SEE REPORT

System restored to normal operation: Date: 1-10-2013 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J. Viqueira & Cuello Date: 01-10-2013 Time: AM

Signature: _____

Name of Owner or Representative: _____

Date: 01-10-2013 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

2190159

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: M.D. Transit + Central control
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: KIDDECircuit Styles: 12/4Number of Circuits: 49

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

DATE: 01/02/2012
 TIME: AM

PROPERTY NAME (USER)

Name: Brownsville Rail Station
 Address: 5200 NW 27th Ave
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: KDRL-100012/28/2011

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>34</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>2</u>	<u>B</u>
_____	_____
_____	_____

Manual Fire Alarm Boxes
 Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled _____ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	Bells
<u>1</u>	<u>4</u>	Horns
		Chimes
		Strobes
		Speakers
		Other (Specify):

No. of alarm notification appliance circuits: 2
 Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL LL-1
 Disconnecting Means Location: CKT # 11

(b) Secondary (Standby):
24VDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 60
 Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>ELVISTOR NOVA II Escalator</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>A/C Shut Down</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)			
<i>SPRINKLER</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>HAZARD SYSTEM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>AM</i>	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>AM</i>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>AM</i>	<i>NO</i>
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>SCARRO</i>	<i>AM</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>MDT</i>	<i>AM</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ADJUTANT</i>	<i>AM</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: *All system normal*

System restored to normal operation: Date: *01/02/13* Time: *AM*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *INVESTIGATOR* Date: *01/02/13* Time: *AM*

Signature: _____

Name of Owner or Representative: _____

Date: *01/02/2013* Time: *AM*

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 1/15/2013TIME: 2:04

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Bus Central Maintenance Adm. Bldg (1)Address: 3300 NW 32nd Ave MiamiOwner Contact: Sergio

Telephone: _____

MONITORING ENTITY

Contact: N. D transit central control

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: SimplexCircuit Styles: 4 & 13

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

Model No.: 40101/20/2012

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>10</u>	<u>4</u>
<u>33</u>	<u>4</u>
<u>2</u>	<u>4</u>
<u>20</u>	<u>4</u>
_____	_____
_____	_____
_____	_____

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
<u>13</u>	<u>4</u>	Strobes
<u>24</u>	<u>4</u>	Speakers
		Other (Specify): <u>Horn Strobes</u>
No. of alarm notification appliance circuits: <u>10 of 12</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
<u>N/A</u>	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): 1ST FL ELECTRICAL RM POWER/NOT FACP
 Disconnecting Means Location: CKT # 15

(b) Secondary (Standby): 2x12VDC Storage Battery: Amp-Hr. Rating 25
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
☐ Legally required standby described in NFPA 70, Article 701
☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<i>MDT</i>	<i>AM</i>
<i>ALUCGOMY</i>	<i>AM</i>
<i>SERGE</i>	<i>AM</i>

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>OK</i>
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	<i>20.8</i>
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	<i>OK</i>
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<i>OK</i>
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>10</i>	<i>pull stat</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>2</i>	<i>Det Det</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>3</i>	<i>3. Det Det</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>20</i>	<i>Heat Det</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>A/c Shot Down</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Scargio</i>	<i>AM</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>NOT</i>	<i>AM</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ALSO ONLY</i>	<i>AM</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: *All system normal*

System restored to normal operation: Date: *1/15/13* Time: *AM*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *JAVIER V. GONZALEZ* Date: *1/15/13* Time: *AM*

Signature: _____

Name of Owner or Representative: _____

Date: *1/15/13* Time: *AM*

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # <u>2253993</u>		Target Date	Serial Num
Asset: <u>CE-FACP-2</u>	<u>Fire Alarm Control Panel at Central Bus Transportation Bldg</u>	<u>12/30/12</u>	
Parent:		Status:	<u>R</u>
PM: <u>FIREPM4</u>			
PM Description: <u>Fire Panel Vendor Certification - Annual / MRC: 350</u>			
Location: <u>CE-TRANS</u>			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 1/16/2013TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Central Bus Transportation PLC (2)
 Address: 3300 NW 32ND AVE
 Owner Contact: Sengio
 Telephone: _____

MONITORING ENTITY

Contact: MDTRANSIT Central Control
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: SimplexCircuit Styles: 4, 4

Number of Circuits: _____

Software Rev.: _____

Model No.: 4100 CILast Date System Had Any Service Performed: 1/17/2013

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>5</u>	<u>4</u>
<u>32</u>	<u>4</u>
<u>4</u>	<u>4</u>
_____	_____
_____	_____
_____	_____

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify):
<u>10</u>	<u>4</u>	
<u>11</u>	<u>4</u>	
No. of alarm notification appliance circuits: <u>2</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		<u>Horn strobes</u>

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other:
<u>N/A</u>		

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 5

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): ELECTRICAL RM PANEL XR-1

Disconnecting Means Location: CKT # 12

(b) Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 25

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
 - ☐ Nickel-Cadmium
 - ☒ Sealed Lead-Acid
 - ☐ Lead-Acid
 - ☐ Other (Specify): _____
- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- ☒ Emergency system described in NFPA 70, Article 700
 - ☒ Legally required standby described in NFPA 70, Article 701
 - ☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes No
☒ ☐
☒ ☐
☒ ☐
☐ ☐

Who Time
HDT Transit 02
Advisory AM
Sergio AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual Functional
☒ ☒
☒ ☒
☒ ☒
☒ ☒
☒ ☒
☒ ☒
☒ ☒
☒ ☒

Comments

/
OK
/

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual Functional
☒ ☐
☐ ☒
☐ ☒
☐ ☒
☐ ☐

Comments

/
OK
/

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual Functional
☒ ☒
☒ ☒
☐ ☐
☐ ☐

/
OK
/

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>5</u>	<u>pull stat</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>32</u>	<u>5 Defect</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>4</u>	<u>Duct Det</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<i>ELEV. RECALL</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>A/C SHUT DOWN</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ND Transit</i>	<i>AM</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>SEPAID</i>	<i>AM</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ADVISORY</i>	<i>AM</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

All system normal.

System restored to normal operation: Date: *1/16/13* Time: *AM*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: *JCVISUEIRA / ONELIO* Date: *1/16/13* Time: *AM*

Signature: _____

Name of Owner or Representative: _____

Date: *1/16/13* Time: *AM*

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # **2253994**

Target Date

Serial Num

Asset: **CE-FACP-3**

Fire Alarm Control Panel at Central Fuel Island Bldg Node #3

12/30/12

Parent:

Status:

R

PM: **FIREPM4**

PM Description: **Fire Panel Vendor Certification - Annual / MRC: 350**

Location: **CE-FUELIS**

Employee #:

Name:

Start Date:

Completed Date:

Labor Hours:

NOTES:

2253994

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: MDTalent Central Control
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: 444
 Number of Circuits: 1
 Software Rev.: 3.03
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 1/10/2013
 TIME: PM

PROPERTY NAME (USER)

Name: Central Bus Facilities Fuel Island (3)
 Address: 3300 NW 32ND AVE. MIAMI
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 4010

12/23/09

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>2</u>	_____
<u>2</u>	_____
<u>4</u>	_____
<u>1</u>	_____
<u>1</u>	_____

Manual Fire Alarm Boxes
 Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): tamper switch

Alarm verification feature is disabled _____ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns
		Chimes
<u>3</u>	<u>4</u>	Strobes
<u>4</u>	<u>4</u>	Speakers
		Other (Specify): <u>Horn Strobes</u>
No. of alarm notification appliance circuits: <u>2</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

2/4

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4.0
 Overcurrent Protection: Type BROOKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM DOWN PH-1
 Disconnecting Means Location: CKT # 7

(b) Secondary (Standby):
2x12VDC Storage Battery: Amp-Hr. Rating 25
 Calculated capacity to operate system, in hours: 2.5 60
 Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify):

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- ☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
1	4
3	4
4	4

No. of alarm notification appliance circuits: 2

Are circuits monitored for integrity? ☒ Yes ☐ No

Bells
Horns
Chimes
Strobes
Speakers
Other (Specify): Home Strobes

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

[illegible]

Building Temp.
Site Water Temp.
Site Water Level
Fire Pump Power
Fire Pump Running
Fire Pump Auto Position
Fire Pump or Pump Controller Trouble
Fire Pump Running
Generator In Auto Position
Generator or Controller Trouble
Switch Transfer
Generator Engine Running
Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Style(s) 9

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 7.0
Overcurrent Protection: Type BROOKER Amps 20
Location (of Primary Supply Panelboard): ELECTRICAL RM. POWER. PH-1
Disconnecting Means Location: CUT # 7

(b) Secondary (Standby):

Storage Battery: Amp-Hr. Rating 2x12VDC

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700

Legally required standby described in NFPA 70, Article 701

Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MD Traust	AM
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory	AK
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sengib	AM
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE	SYSTEM TESTS AND INSPECTIONS		Comments
	Visual	Functional	
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		Dated 2009
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	OK
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	OK
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
2	Pull stat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	SDetect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Heat Det	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify) _____	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A

SPECIAL HAZARD SYSTEMS

(Specify) <u>Sprinkler System</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>GAS VALVE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>PM</i>	<i>OK</i>
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Sengio</i>	<i>PM</i>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>NOT</i>	<i>PM</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Advisory</i>	<i>PM</i>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

All system working properly

System restored to normal operation: Date: 1/10/13 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JCN/QUEMA/OWGTD Date: 1/10/13 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 1/10/13 Time: PM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

Work Order #	2253995	Target Date	Serial Num
Asset:	CE-FACP-4	12/30/12	
Parent:	Fire Alarm Control Panel at Central O&I Bldg Node #4	Status:	R
PM:	FIREPM4		
PM Description:	Fire Panel Vendor Certification - Annual / MRC: 350		
Location:	CE-OI		
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: MDT
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) MDT CENTRAL CONT.

Control Unit Manufacturer: Simplex
 Circuit Styles: 4 & y
 Number of Circuits: _____
 Software Rev.: 11.11 Rev 2.8
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 01-14-13
 TIME: PM

PROPERTY NAME (USER)

Name: MDT CENTRAL Garage Bus (4)
 Address: 3300 NW 32nd AV
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: _____

01-17-2012

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>12</u>	<u>4</u>
<u>137</u>	<u>4</u>
<u>10</u>	<u>4</u>
<u>2</u>	<u>4</u>

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled V enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify):
<u>34</u>	<u>Y</u>	<u>SPEAKER STROBE</u>
<u>48</u>	<u>Y</u>	
No. of alarm notification appliance circuits: <u>14</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
<u>1</u>	<u>4</u>	Other: <u>EMERGENCY POWER</u>
<u>1</u>	<u>4</u>	
<u>1</u>	<u>4</u>	

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity N/A Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 5.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): PANEL #1 ELECTRICAL ROOM
 Disconnecting Means Location: CKT #2 AND 5

(b) Secondary (Standby): 2x12VDC Storage Battery: Amp-Hr. Rating 50 A.H
 Calculated capacity to operate system, in hours: (24) 60
 Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- ☒ Emergency system described in NFPA 70, Article 700
 - ☒ Legally required standby described in NFPA 70, Article 701
 - ☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who
MDT
Advisory
Sergio

Time
PM
PM
PM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

DATED 2011
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>12</u>	<u>Pull ST.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>137</u>	<u>S. DET.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>10</u>	<u>DUCT DET.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>H. DET.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments ALL SYSTEM NORMAL

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) <u>A/C SHUT DOWN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>ELEVATOR Recall</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		OK
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sergio	PM
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MDT BUS cost	PM
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory	PM
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 01-14-13 Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J.C. Viqueira & Ouelio Date: 01-14-13 Time: _____

Signature: _____

Name of Owner or Representative: _____

Date: 01-14-13 Time: _____

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # 2253991		Target Date	Serial Num
Asset: CE-FACP-5	Fire Alarm Control Panel at Central Main Whse Bldg Node #5		12/30/12
Parent:			Status: R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location: CE-MAINWAREHOUSE			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 1/15/2013TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Central Bus Parts Warehouse (S)Address: 3500 NW 32ND AVEOwner Contact: Senyio

Telephone: _____

MONITORING ENTITY

Contact: MD Central control

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

☐ McCulloh☐ Multiplex☒ Digital☐ Reverse Priority☐ RF☐ Other (Specify) _____

SERVICE

☐ Weekly☐ Monthly☐ Quarterly☐ Semiannually☒ Annually☐ Other (Specify) _____Control Unit Manufacturer: SimplexCircuit Styles: 444Number of Circuits: 1

Software Rev.: _____

Last Date System Had Any Service Performed: 1/20/12

Last Date that Any Software or Configuration Was Revised: _____

Model No.: 4010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

942464241424

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify):
<u>48</u>	<u>4</u>	
<u>24</u>	<u>4</u>	
No. of alarm notification appliance circuits: <u>20 of 8</u>		
Are circuits monitored for integrity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other:
<u>2 1/2</u>		

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 7 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4
 Overcurrent Protection: Type BROOKER Amps 20
 Location (of Primary Supply Panelboard): PANEL PR
 Disconnecting Means Location: CKT #8

(b) Secondary (Standby): 2x12VDC Storage Battery: Amp-Hr. Rating 25
 Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☐ Sealed Lead-Acid
☒ Lead-Acid
☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
☒ Legally required standby described in NFPA 70, Article 701
☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<i>M. J. Traust</i>	<i>AM</i>
<i>Advisory</i>	<i>AM</i>
<i>Sengle</i>	<i>AM</i>

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>9</i>	<i>Pull stat</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>2</i>	<i>SDet</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>0</i>	<i>DITL</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>2</i>	<i>Heater</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>A/C Shot down</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprinkler system</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sengco</u>	<u>5:4</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MDT</u>	<u>5:4</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>12</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

All system normal

System restored to normal operation: Date: 1/15/13 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: JW/Quinn Date: 1/15/13 Time: 5:4

Signature: _____

Name of Owner or Representative: _____

Date: 1/15/2013 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

NOTES:

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: MDT. central control
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: B44
 Number of Circuits: 114
 Software Rev.: _____
 Last Date System Had Any Service Performed: 1/20/12
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 1/15/2013
 TIME: AM

PROPERTY NAME (USER)

Name: Central Bus Station Room (6)
 Address: 3300 NW 32nd AV
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 4010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>4</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>20</u>	<u>4</u>

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): <u>Horn Speakers</u>

No. of alarm notification appliance circuits: 2

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): ELECTRICAL PANEL EL

Disconnecting Means Location: CKT # 13

(b) Secondary (Standby): 24 12VDC Storage Battery: Amp-Hr. Rating 10

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700

Legally required standby described in NFPA 70, Article 701

Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
MD Insignia	AM
Advisory	AM
Seung	AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

Discharged 2009
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
4	211 st.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	Heat Det	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	Smoke	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify) _____
 (Specify) _____
 (Specify) _____

Visual	Device Operation	Simulated Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A

SPECIAL HAZARD SYSTEMS

(Specify) _____
 (Specify) _____
 (Specify) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SLAGTO	5:45
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MDT	5:45
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADVISORY	5:45
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

All system normal

System restored to normal operation: Date: 1/15/13 Time: 5:45

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: TCU/QUEPRA/ONELIO Date: 1/15/2013 Time: 5:45

Signature: _____

Name of Owner or Representative: _____

Date: 1/15/13 Time: 5:45

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # **2253997**

Asset: **CE-FACP-7**

Fire Alarm Control Panel at Central Old Fiber Glass Bldg
Node #7

Target Date

Serial Num

12/30/12

Parent:

Status:

R

PM: **FIREPM4**

PM Description: **Fire Panel Vendor Certification - Annual / MRC: 350**

Location: **CE-MAINTADMIN**

Employee #:

Name:

Start Date:

Completed Date:

Labor Hours:

NOTES:

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 1/14/2013TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: FIBER GLASS Shop MAINTENANCE (7)Address: 3300 NW 32nd AveOwner Contact: Sergio

Telephone: _____

MONITORING ENTITY

Contact: M D Transit Central control

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: SimplexCircuit Styles: 4 & 4Number of Circuits: 1

Software Rev.: _____

Last Date System Had Any Service Performed: 1/17/2012

Last Date that Any Software or Configuration Was Revised: _____

Model No.: 4010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>4</u>	<u>4</u>
<u>3</u>	<u>4</u>
<u>2</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>1</u>	<u>4</u>

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
1	4
4	4
3	4

Bells
Horns *strubbers*
Chimes
Strobes
Speakers
Other (Specify):

No. of alarm notification appliance circuits: 3
Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

[illegible]

Building Temp.
 Site Water Temp.
 Site Water Level
 Fire Pump Power
 Fire Pump Running
 Fire Pump Auto Position
 Fire Pump or Pump Controller Trouble
 Fire Pump Running
 Generator In Auto Position
 Generator or Controller Trouble
 Switch Transfer
 Generator Engine Running
 Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 3

Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 vac Amps 4.0

Overcurrent Protection: Type BROOKER Amps 20

Location (of Primary Supply Panelboard): POWELL AL

Disconnecting Means Location: CKT # 8

(b) Secondary (Standby):

2x12VDC

Storage Battery: Amp-Hr. Rating

Calculated capacity to operate system, in hours:

24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700

Legally required standby described in NFPA 70, Article 701

Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
MDT	AM
Advisory	AM
Signal	AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Discharged 2011
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
4	Pull station	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	SD Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Heat Det	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/O

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/O

SPECIAL HAZARD SYSTEMS

(Specify) <u>SPRINKLER</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SEALIO</u>	<u>AM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MD TRANSIT</u>	<u>AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ADVISORY</u>	<u>AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: All system normal

System restored to normal operation: Date: 1/16/13 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JAVIER GIRA/ONELIO Date: 1/16/13 Time: AM
 Signature: _____
 Name of Owner or Representative: [Signature]
 Date: 1/17/13 Time: AM
 Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # 2254004		Target Date	Serial Num
Asset: CE-FACP-8	Fire Alarm Control Panel at Central Bus Maint. Admin Bldg Node #8		12/30/12
Parent:	Status:		R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location: CE-FACMAINT			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, IncAddress: 7487 S.W. 50th Terrace, Miami, FL 33155Representative: Carlos JavechLicense No.: EC - 13001219Telephone: 305-665-5156DATE: 1/13/2013TIME: PM

PROPERTY NAME (USER)

Name: BUS Central / UPS and Inspection (8)Address: 3300 NW 32nd AveOwner Contact: Sengro

Telephone: _____

MONITORING ENTITY

Contact: H. DiTranis / Central control

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: SimplexCircuit Styles: 424Number of Circuits: 1

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

Model No.: 40101/20/12

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

Circuit Style

<u>18</u>	<u>4</u>
<u>10</u>	<u>4</u>
<u>3</u>	<u>4</u>
<u>4</u>	<u>4</u>
<u>1</u>	<u>4</u>

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm verification feature is disabled _____ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): <u>Horn Strobes</u>
<u>19</u>	<u>4</u>	
<u>40</u>	<u>4</u>	
No. of alarm notification appliance circuits: <u>4</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____
<u>N/A</u>		

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 4 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM POWER XRT
 Disconnecting Means Location: OUT #25

(b) Secondary (Standby): 2x12V Storage Battery: Amp-Hr. Rating 25
 Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

11 Emergency system described in NFPA 70, Article 700
11 Legally required standby described in NFPA 70, Article 701
11 Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<i>NOT</i>	<i>2:00</i>
<i>Advisory</i>	<i>2:00</i>
<i>See pg 10</i>	<i>2:00</i>

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

☒
☒
☒
☒
☒
☒
☒
☒

☒
☒
☒
☒
☒
☒
☒
☒

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

☒

☒
☒
☒
☒
☒

OK

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☐

☐

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☒
☒
☒
☐

☒
☒
☒
☐

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>10</i>	<i>AD/ST</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>11</i>	<i>SD</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>13</i>	<i>HPD</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>1</i>	<i>DD</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify) A/C SWT (QGA)
 (Specify) BLBY. ROTAL
 (Specify) _____

Visual	Device Operation	Simulated Operation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____
 (Specify) _____
 (Specify) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SUGIO</u>	<u>PM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>NDT</u>	<u>PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>BLVIGORY</u>	<u>PM</u>
Other (Specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

All system is working properly

System restored to normal operation: Date: 1/15/13 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: REVENING / ONERO Date: 1/15/13 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 1/15/13 Time: PM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

2254034

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

MONITORING ENTITY

Contact: MDT CENTRAL CONTROL
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: 4 & 4
 Number of Circuits: 1
 Software Rev.: 3.03.11
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

DATE: 01-11-2013
 TIME: PM

PROPERTY NAME (USER)

Name: MDT BUS CENTRAL MAJOR OVERHEAD (9)
 Address: 3300 NW 32 AV
 Owner Contact: Sergio
 Telephone: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 4010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>20</u>	<u>4</u>
<u>6</u>	<u>4</u>
<u>6</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>6</u>	<u>4</u>
<u>6</u>	<u>4</u>

Manual Fire Alarm Boxes

Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify):
<u>120</u>	<u>Y</u>	<u>Horns</u> <u>STROBES</u>
<u>67</u>	_____	
No. of alarm notification appliance circuits: <u>16</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____
<u>N/A</u>	_____	

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL ROOM PANEL
 Disconnecting Means Location: _____

(b) Secondary (Standby): 2X12VDC Storage Battery: Amp-Hr. Rating 25
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who
HDT AGENT
ADVISORY
SERGIO

Time
PM
PM
PM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

☒
☒
☒
☒
☒
☒
☒
☒

Functional

☒
☒
☒
☒
☒
☒
☒
☒

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

☒

Functional

☒
☒
☒
☒

Comments

DATED - 2012
OK

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☒

☒

OK

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☒
☒
☐

☒
☒
☐
☐

OK
OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>15</u>	<u>PW-ESTAT</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	<u>S-DETECT</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>1</u>	<u>H-DETECT</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	<u>DUG-DET</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify) AC SHUT DOWN
 (Specify) _____
 (Specify) _____

Visual	Device Operation	Simulated Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____
 (Specify) _____
 (Specify) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PM	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PM	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PM	OK
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PM	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PM	

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sergio	PM
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MDT CENT	PM
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory	PM
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 1-11-2013 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J.C. Viqueira & Obello Date: 1-11-2013 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 1-11-2013 Time: PM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)



PM Work Order

1/3/2013 4:00:53 PM

Work Order # <u>2190344</u>		Target Date	Serial Num
Asset: CGV-FACP	Fire Alarm Control Panel at Coconut Grove Station	12/30/12	
Parent: CGV		Status:	R
PM: FIREPM4			
PM Description: Fire Panel Vendor Certification - Annual / MRC: 350			
Location: CGV STA			
Employee #:			
Name:			
Start Date:			
Completed Date:			
Labor Hours:			
NOTES:			

2190344

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12-26-2012
TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
Address: 7487 S.W. 50th Terrace, Miami, FL 33155
Representative: Carlos Javech
License No.: EC - 13001219
Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: COCONUT GROVE RAIL STATION
Address: 2880 SW 27 AV
Owner Contact: SERGIO
Telephone: _____

MONITORING ENTITY

Contact: MDT
Telephone: _____
Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
Telephone: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) MDT REMOTE STATION

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____Control Unit Manufacturer: KIDDE
Circuit Styles: B & Y
Number of Circuits: 40 of 40
Software Rev.: _____Model No.: KDR-1000Last Date System Had Any Service Performed: 12-22-11
Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>24</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>2</u>	<u>B</u>

Manual Fire Alarm Boxes

Ion Detectors
Photo Detectors
Duct Detectors
Heat Detectors
Waterflow Switches
Supervisory Switches
Other (Specify): _____Alarm verification feature is disabled ☒ enabled _____

(NFPA Inspection and Testing, 1 of 4)

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 1 of 2

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

N/A

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 6.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM
 Disconnecting Means Location: _____

(b) Secondary (Standby): 2x12 VDC Storage Battery: Amp-Hr. Rating 7.0
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency system described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who
HDT
ADVISORY
SERGIO

Time
AM
AM

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/LEDS
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

☒
☒
☒
☒
☒
☒
☒
☒

Functional

☒
☒
☒
☒
☒
☒
☒
☒

Comments

OK

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

☒

Functional

☒
☒
☒
☒
☐

Comments

OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☐

☒

☒

☐

☐

☐

☒

☒

☐

☐

☐

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>24</u>	<u>S. Detector</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>H. Detector</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>D. Detector</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
A/C SHUT DOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EAN INTERLOCK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELEV. AND ESCALATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	Simulated Operation
HALLON SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPRINKLER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTRUSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AM	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AM	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AM	OK
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AM	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AM	

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sergio	AM
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MDT	AM
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory	AM
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 12-26-2012 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J.C. Uiqueira - ONCLIO Date: 12-26-2012 Time: AM

Signature: _____

Name of Owner or Representative: _____

Date: 12-26-2012 Time: AM

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 1/7/2013
 TIME: PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Metropolitan College North Station
 Address: 225 NE 5th Street Miami
 Owner Contact: Sergio
 Telephone: _____

MONITORING ENTITY

Contact: MD Smart Central Control
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Control Unit Manufacturer: Gannett
 Circuit Styles: 13 & 4
 Number of Circuits: 2 & 8
 Software Rev.: _____
 Last Date System Had Any Service Performed: 1/11/2012
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: 2AN 5 200

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>B</u>
<u>7</u>	<u>C</u>

Manual Fire Alarm Boxes
 Ion Detectors
 Photo Detectors
 Duct Detectors
 Heat Detectors
 Waterflow Switches
 Supervisory Switches
 Other (Specify): _____

Alarm verification feature is disabled ☒ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>2</u>	<u>4</u>	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 2

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>2 1/4</u>		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4
 Overcurrent Protection: Type BREAKER Amps 10
 Location (of Primary Supply Panelboard): ELECTRICAL Rm POWER CL
 Disconnecting Means Location: CRT # 15 AND 10

(b) Secondary (Standby): 2 x 12 VDC Storage Battery: Amp-Hr. Rating 7.0

Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700
- ☒ Legally required standby described in NFPA 70, Article 701
- ☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)